Service Area Plan

Department of Health

Sexually Transmitted Disease Prevention and Control (40504)

Service Area Background Information

Service Area Description

STD Prevention and Control Services provides for the prevention and control of morbidity and mortality associated with sexually transmitted diseases (STD) and their complications, including assistance to local health departments and community organizations. Activities include:

- Oversight of statewide program activities;
- Policy and guidelines development;
- Grants management for STD Prevention and Control;
- Diagnostic and laboratory support for gonorrhea and chlamydia testing;
- Partner services (patient counseling, interviewing and partner referral);
- Early detection, referral, and treatment;
- Technical assistance and consultation;
- Targeted outreach to high-risk individuals;
- Clinical and field screening;
- Community-based organization funding to provide syphilis and other STD interventions;
- Deployment of the Virginia Epidemiology Response Team (VERT) for outbreak situations;
- Risk reduction counseling;
- Oversight and management of surveillance activities, including forms completion, data management, trend analyses and disease monitoring, reporting and STD research initiatives;
- Program evaluation and quality assurance assessments; and
- Health care provider training and education.

Service Area Alignment to Mission

This service area directly aligns with the VDH mission to promote and protect the health of Virginians. This program improves the health of people and their communities, particularly those populations infected with and impacted by STDs, through STD prevention initiatives, referral and treatment services, and surveillance activities.

Service Area Statutory Authority

Chapter 2 of Title 32.1 of the Code of Virginia pertains to the reporting and control of diseases.

- § 32.1-35 and 12-VAC-5 90-80 and 12-VAC-90-90 of the Board of Health Regulations for Disease Reporting and Control specify which STDs are to be reported and the method by which they are to be reported.
- § 32.1-36 requires physicians to report persons with STD to the local health department.
- § 32.1-39 provides for STD surveillance, investigation of reports, and conducting counseling and contact tracing (partner notification).
- § 32.1-57 through 32.1-60 requires STD examination, testing, and treatment.
- § 32.1-64 requires treatment for opthalmia neonatorum.

Service Area Plan

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Service Area Customer Base

Customer(s)	Served	Potential
Community Health Clinics	3	10
Community-Based Organizations	45	45
Gay/Bisexual Men	1,500	175,000
Institutionalized populations	1,200	1,200
Local Health Departments	119	119
Patients screened for chlamydia/gonorrhea in public health clinics (i.e. STD, Prenatal, and Family Planning)	92,852	120,000
Private Physicians	6,500	6,500
STD Clinic Patients (includes some patients referenced above)	54,109	60,000
Surveillance/Data Report Recipients (data requests, reports, etc.)	9,750	71,000

Anticipated Changes In Service Area Customer Base

• Increased number of persons screened for STDs in public clinics:
As part of a national campaign to reduce infertility in women, Congress allocated funds to provide early detection for chlamydia in women attending STD and family planning clinics. This has since been expanded to include other relevant clinics serving women of reproductive age. Women under 30 years old in family planning/prenatal clinics and all women in STD clinics are eligible. Most women eligible for chlamydia screening are also tested for gonorrhea. The screening criteria have been expanded to allow for male screening and an increasing number of men are also screened for both STDs. An estimated 120,000 patients annually meet the criteria, which has been in place for women since 1993. Screening criteria for women is not likely to change substantially in the foreseeable future.
• Increased number of gay/bisexual men reported with syphilis and other STDs:
Over the past four years, the proportion of early syphilis cases attributed to males increased from 56% to 87%. In 2004, almost all male syphilis cases were among gay or bisexual men, about half of which were HIV co-infected. Virginia's cases are consistent with national trends which are expected to change slightly over time as more female partners become infected. This population is difficult to reach as there are very few venues in Virginia that provide targeted health care to gay/bisexual men.
• Community-Based Organizations (CBO) are likely to become more involved in assisting with STD services, especially related to partner notification and referral.
• Three CBOs currently receive funding from the Division to provide STD services. All funded CBOs statewide (~45) incorporate STD interventions whenever possible as a stipulation of funding for HIV Prevention. These CBOs receive STD materials at no charge.

Service Area Products and Services

- Leadership and Program Management
  Thorough and consistent oversight, policy development and guidance are provided for STD prevention services, including technical assistance to local health departments and community organizations. Grants related to STD Prevention and Control, including the Comprehensive STD Prevention Services grant, as well as those related to enhanced STD surveillance, are managed and maintained. Allocating personnel resources to local health departments is handled through Memoranda of Agreement.
- Program Evaluation
  Program Assessment and Review (PAAR) evaluations are conducted for local health department STD programs. Formal reports with findings and recommendations are provided to local health directors.
- Surveillance and Data Management
  Surveillance staff conducts and provides guidance to local health department disease investigators regarding patient and partner interviews and follow-up procedures. Surveillance staff conducts data management activities, including form and system development, data collection and entry, and quality assurance. Time-scaled reports are provided to relevant personnel and the public via Local and Wide Area Networks, the internet, Compact Disks and data publications.
- Training and Professional Development
  Health care provider training and education is provided on an ongoing basis. Knowledgeable staff are assigned to provide consultation services and technical assistance for specified areas of the Commonwealth. Laws and regulations pertaining to STDs are provided and the HIV/STD Operations Manual is maintained and distributed to appropriate staff. The Division of HIV, STD, and Pharmacy Services (Division) has a collaborative partnership with the Region III HIV/STD Prevention Training Center to provide an annual 5-day STD clinical training to providers. Training that addresses STD partner notification procedures for medical providers is conducted by the Virginia HIV/AIDS Resource and Consultation Center.
- Medical and Laboratory Services
  Diagnostic and therapeutic services for gonorrhea and chlamydia are supported through a contract with the Division of Consolidated Laboratory Services and the provision of laboratory testing supplies to local health departments. Funding for testing is also provided to some community health clinics. Assessment to determine implementation of new testing technology is also performed in order to improve service delivery. Vaccines and medications related to Hepatitis are provided to specific populations and/or locations, based on available funding.
- Partner Services
  Staff conducts and provides guidance to local health department disease investigators related to risk reduction counseling, interviewing and referral services for STD patients and sexual partners. Early detection, referral and treatment are paramount to avoiding lasting health consequences such as Pelvic Inflamatory Disease or infertility.
- Community and Individual Behavior Change Interventions
  CBOs are funded to provide syphilis and other STD interventions. Social networking techniques are employed when working with patients, partners and acquaintances. Staff work within affected communities to establish "local ownership" of disease conditions as well as community coalitions.

Service Area Products and Services

- Outbreak Response Plan
  An Outbreak Response unit and VERT were established in 1999, as a result of dramatic increases of syphilis in Danville. VERT staff addresses programmatic needs in the National Syphilis Elimination Plan, as well as other STDs. A career ladder was established for newly-hired staff who effectively learn and apply the varied epidemiologic skill sets that lead to decreases in STD morbidity. Additionally, this unit participates in other disease investigations throughout the Commonwealth, including anthrax, tuberculosis, etc.

- Areas of Special Interest
  Clinical screenings are provided for gonorrhea and chlamydia, targeting specific high-risk populations. Hepatitis screening and/or vaccines are provided in some health departments and detention centers, as funds are available.
  Field screenings are provided by VERT staff for various STDs, based on identified core areas of disease transmission.
  Surveys and research activities regarding specific high risk populations are conducted as a means of collecting enhanced surveillance activities to better assess behaviors associated with gonorrhea and other STD transmission.

Factors Impacting Service Area Products and Services

• Level funding and recent reductions in federal funds for STD prevention and control have resulted in growing difficulty to maintain current program services.
• Advances in testing technology offer many benefits for increasing the number of people identified with STDs; however, costs associated with advanced testing technology combined with level funding limits the expansion of this service.
• Hepatitis C became reportable in 2001, at which time federal and state funds were available for hepatitis initiatives, including awareness campaigns, testing, and vaccinations. These funds have since ceased to exist. Federal funds that support a hepatitis coordinator are the only currently available funds. As such, activities to support hepatitis services are nonexistent.
• Cultural and shifting demographic changes highly impact the service needs of this area. Examples include internet use for meeting partners, recreational drug use and use of performance enhancing drugs (Viagra, Cialis, Levitra).
• Regardless of disease status, STD clinic patients are a high-risk population that represents the core area for STD prevention and control services. Comparatively, there are specific geographical areas within the Commonwealth that have clinic populations with significantly higher STD rates.
• Historically, screening programs have been implemented in jails targeting inmates related to specific outbreak-related populations. Examples include prostitutes in Norfolk and inmates meeting certain age/race criteria in Danville. Most of these programs are temporary arrangements established to assist with specific outbreak situations. Additionally, chlamydia and gonorrhea screening are provided in Virginia's central medical site serving incarcerated youth.
• All Local Health Departments (LHD) in Virginia have a collaborative relationship with the Division for the provision of STD services. The level of collaboration is affected by factors such as morbidity, population, geography, and need.
• Private health care providers that provide STD services and diagnoses receive STD-related information from the Division. These practitioners are primarily from disciplines such as Obstetrics/Gynecology, Infectious Disease, and Preventative Health. Most routine private sector screening for STDs is performed within the above-mentioned specialties.
• Statistical analyses, reports and data sets of disease trends are provided for a wide range of customers, including LHDs, CBOs, STD patients, private physicians, academia, media and the general public. Such reports are made available via published documents (hard copies and web-accessible), electronic media such as compact disks, and ad hoc data requests. Confidentiality of data is maintained at all times, based on the Division's established Security and Confidentiality Guidelines.

Anticipated Changes To Service Area Products and Services

• Emerging program needs will revolve around ongoing research findings. For example, vaccine development is underway for both human papillomavirus and herpes.
• Screening tests for cervical cancer have been developed, which will impact our customers. Increased numbers of persons identified with HPV, as a result of cervical cancer screening, will necessitate the need to identify providers for referral and treatment.
• As antibiotic resistance continues to increase, a greater need will be placed on the necessity to use new, expensive classes of drugs.
• Recent enhancements to existing surveillance activities will continue to occur via targeted surveying of high-risk populations and behavioral based surveillance initiatives. Additional collaborations with the Virginia Commonwealth University School of Public Health are also anticipated as a means of strengthening surveillance and analytic capacity.
• CDC continues to develop a new surveillance system for communicable diseases, based on standardized data architecture. This system is referred to as the National Electronic Disease Surveillance System (NEDSS). One of the modules for NEDSS will be the STD Program Area Module (STD PAM). The STD PAM will be a web-based system which will significantly alter the methods by which data are collected, reviewed and managed, including the initiation of Electronic Laboratory Records. It is unknown at present what impact this new system will have on staffing requirements.
• STD clinic attendance has not fluctuated much over time and is not expected to change significantly in the future, although a higher number of male clients will receive screening.
• The number of persons screened for STDs in incarcerated settings fluctuates depending on current disease investigation needs. It is unknown whether the number of persons screened will increase or decrease in the foreseeable future.
• The number and specificity of requests for data and data sets has increased in recent years. Additionally, specific data needs such as assessments of HIV unmet needs and enhanced development of epidemiology profiles are expanding needs for data expertise. The need to develop Statistical Analysis Software (SAS) expertise has also increased dramatically over the past couple of years and will continue to become a more important skill set for statistical analysts as CDC's new surveillance data systems become available.

Service Area Financial Summary

The chief source of funding for Sexually Transmitted Disease Prevention and Control is federal funds from the Centers for Disease Control and Prevention. Federal funds are intended to supplement (not replace or supplant) state and local resources but matching of these funds is not required. The nongeneral base budget is the previous year base-level award and the general base budget is the prior year's legislative appropriation. The service area also receives some general funds. Within the general fund, 75% of the funds are used for central office personnel and the remaining 25% supports STD testing and travel.

	Fiscal Year 2007		Fiscal Year 2008	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
Base Budget	$179,660	$1,672,506	$179,660	$1,672,506
Changes To Base	$8,235	$17,023	$8,235	$17,023
SERVICE AREA TOTAL	**$187,895**	**$1,689,529**	**$187,895**	**$1,689,529**

Service Area Objectives, Measures, and Strategies

Objective 40504.01

Reduce the incidence of Sexually Transmitted Diseases (STD) among Virginia's citizens.

Prevention and control of STDs is of critical importance to ensure the health of Virginians. Undiagnosed or untreated STDs may lead to disease outbreaks, as well as severe health consequences such as congenital deaths, infertility, ectopic pregnancy and blindness.

This Objective Supports the Following Agency Goals:

- Prevent and control the transmission of communicable diseases.
  ( )
- Collaborate with partners in the health care and human services system to assure access to quality health care and human services.
  ( )
- Promote systems, policies and practices that facilitate improved health for all Virginians.
  ( )
- Collect, maintain and disseminate accurate, timely, and understandable public health information.
  ( )

This Objective Has The Following Measure(s):

- **Measure 40504.01.01**

  Primary/secondary Syphilis incidence rate

  Measure Type: Outcome **Measure Frequency:** Annually

  Measure Baseline: The five-year (CY00-04) moving average of the annual incidence rate is 1.37 cases per 100,000 persons.

  Measure Target: Five-year moving average incidence rate of 1 per 100,000 by end of FY08.

  Measure Source and Calculation:

  Data is collected from morbidity and interview reports related to each case of reported syphilis. The data is submitted by local health department staff (Health Counselors), as well as VERT staff. All related data is entered into the Sexually Transmitted Disease Management Information System (STD*MIS). The disease rates are calculated as the number of cases reported for a given calendar year divided by Virginia's population estimate (U.S. Census Bureau), multiplied by 100,000. The five-year moving average of cases and rates are used as a means of assessing long-term changes in disease trends, while attempting to limit the effects of sudden increases or decreases in morbidity. Data related to HIV co-infection will also be assessed routinely, as ulcerative STDs provide greater opportunity for HIV transmission. At present, approximately 50% of syphilis case reports are co-infected with HIV.

- **Measure 40504.01.02**

  Gonorrhea incidence rate

  Measure Type: Outcome **Measure Frequency:** Annually

  Measure Baseline: The five-year (CY00-04) moving average of the annual incidence rate is 135.9 cases per 100,000 persons.

  Measure Target: Five-year moving average incidence rate of 122.6 by the end of FY08.

  Measure Source and Calculation:

  Data is collected primarily from morbidity and laboratory reports, although some gonorrhea interview reports are received. The data is submitted by local health department staff (health counselors), as well as VERT staff. All related data is entered into STD*MIS. The disease rates are calculated as the number of cases reported for a given calendar year divided by Virginia's population estimate (U.S. Census Bureau), multiplied by 100,000. The five-year moving average of cases and rates are used as a means of assessing long term changes in disease trends, while attempting to limit the effects of sudden increases or decreases in morbidity.

- **Measure 40504.01.03**

  Chlamydia incidence rate

  Measure Type: Outcome **Measure Frequency:** Annually

  Measure Baseline: From 2001 through 2005, chlamydia incidence rate among 15 – 24 year-old females screened in VDH family planning clinics ranged from 6.7% to 7.9%. Incidence rate was 7.2% in 2005.

  Measure Target: Maximum of 7.0% by the end of FY08.

  Measure Source and Calculation:

  Chlamydia case reports among women are continuing to increase annually as testing technology improves and screening of women expands. Approximately three-fourths of the cases occur among 15 – 24 year olds. Chlamydia data is collected through morbidity and laboratory reports. The data is submitted by local health departments and is entered into STD*MIS. In 1999, 40% of all chlamydia screening in Virginia was performed using amplified (more sensitive) testing. In 2004, amplified testing constituted 92% of all tests. All of VDH's family planning clinics will have implemented amplified testing methods by the end of CY2006.

Objective 40504.01 Has the Following Strategies:

- The VDH Division of HIV/STD and Pharmacy Services (The Division) will continue efforts aimed at reducing the incidence of STDs through effective surveillance initiatives by:
  - Employing methods to capture, analyze and make available relevant surveillance information necessary for appropriate STD program development and evaluation activities, including tabular and graphical data reports and enhancing the Division's Strategic Aberration Monitoring (SAM) system.
  - Using historical methods of surveillance monitoring combined with enhanced surveillance initiatives.
  - Educating and/or enforcing STD reporting laws mandated through the Code of Virginia § 32.1 and the Board of Health's Regulations for Disease Reporting and Control (12-VAC-5 90-80 and 12-VAC-90-90).

- The Division will continue efforts aimed at reducing STD transmission through appropriate treatment and referral services by:
  - Providing funding and support for STD clinical services within the LHDs.
  - Ensuring the development and dissemination of HIV/STD Operations Manuals and well-defined treatment guidelines, including newly emerging antibiotic resistance protocols.
  - Maintaining collaboration with private sector physicians most likely to diagnose and treat STDs (i.e., obstetrics/gynecology, infectious disease).
- The Division will provide efforts aimed at reducing STD transmission through screening services by:
  - Providing funding for STD screening services in various public health clinics.
  - Conducting outreach activities to locate and screen hard to reach, high-risk populations.
  - Providing STD screening, as needed, in institutionalized populations.
  - Funding and recommending use of more efficacious screening technologies that improve upon quality and convenience for the patient and/or provider.
- The Division will provide for and employ efforts aimed at reducing STD transmission through intensive case follow-up activities by:
  - Training local health department staff regarding contact tracing (partner notification) used to identify and refer persons exposed to STDs.
  - Maintaining a highly skilled VERT staff that can rapidly and efficiently respond to outbreaks.
  - Maintaining up to date internet guidelines regarding partner notification procedures.
- The Division will continue to promote STD-related prevention and education services by:
  - Developing materials to educate health practitioners and the general public on topics such as STD signs and symptoms, reporting guidelines, and risk factors.
  - Employing various social marketing strategies.
  - Continuing the use of individualized and group level education strategies.
- The Division will continue efforts aimed at reducing STD incidence and prevalence in high risk environments and/or populations by:
  - Targeting core areas of STD transmission and/or high risk populations with various intervention methods.
  - Developing and maintaining collaborative partnerships with establishments and special populations frequented by or considered to be at increased risk for STDs.
  - Attempting to secure funding to support vaccine delivery for various STDs which are at or near the federal approval stages for vaccine administration, including herpes and human papillomavirus.